

Membership

Councillors

Keith Girling (Chair)
Richard Butler (items 5 to 8 inclusive)
Dr John Doddy
Kevin Greaves
David Martin
Liz Plant
Kevin Rostance
Steve Vickers
Muriel Weisz
Yvonne Woodhead
Martin Wright

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Nicole Atkinson	Nottingham West CCG
Angela Cotter	Nottingham West CCG
Sarah Collis	Nottingham and Nottinghamshire Healthwatch
Lucy Dadge	Mansfield and Ashfield CCG
Lisa Dinsdale	Nottinghamshire Healthcare Foundation Trust
James Hopkinson	Greater Nottingham CCG
Duncan Hounslow	Nottingham West CCG
Stuart Newbin	Greater Nottingham CCG
Stuart Poyner	Mid-Nottinghamshire CCG
Keeley Sheldon	Nottinghamshire Healthcare Foundation Trust
Sandy Smith	Nottinghamshire Healthcare Foundation Trust

1. **MINUTES**

Subject to recording Councillor Wright's attendance at the meeting, the minutes of the last meeting held on 8 January 2019, having been circulated to all Members, were taken as read and were signed by the Chair.

2. APOLOGIES

No apologies for absence were received.

The following temporary change of membership for this meeting only was reported:

- Councillor Yvonne Woodhead had replaced Councillor Michael Payne.

3. DECLARATIONS OF INTEREST

None

4. CLINICAL COMMISSIONING GROUP FINANCIAL RECOVERY (GREATER NOTTINGHAM AND MID-NOTTINGHAMSHIRE)

Stuart Poyner, Turnaround Director at Mid-Nottinghamshire CCG, provided an update on the financial recovery steps being taken to address the challenging fiscal pressures facing Greater Nottingham and Mid Notts CCGs.

Mr Poyner explained that he had a wealth of NHS senior management experience, had been appointed as Turnaround Director at Mid-Nottinghamshire CCG in September 2018 and from 1 January 2019 was also charged with overseeing Greater Nottingham CCG's Strategy to reduce expenditure to affordable levels.

A number of points were made in Mr Poyner's update:-

- Mr Poyner believed that significant savings could be made through service redesign, and did not believe that service 'cuts' would be required to make the required financial adjustments;
- Mr Poyner expressed confidence that financial control targets for 2018/19 would be achieved, but acknowledged that achieving savings in 2019/2020 of £25 million and £45.6 million in Greater Nottingham and Mid-Nottinghamshire respectively (around 7% of allocations) would be very challenging;
- A Programme Manager had been appointed and projects were being identified to help ensure a range of systems could work better without impacting service delivery. A particular focus was on reducing expenditure in respect of emergency care pathways, where spending remained more than planned;
- Mr Poyner was clear that retaining the status quo was not an option, given the ongoing financial pressures faced by CCGs.

During discussions, a number of issues were raised:-

- The Integrated Care System needed funding to follow patients following discharge into the community, and this didn't seem to be taking place. Mr Poyner acknowledged that there were issues with determining where costs and responsibilities lay within the health and social care sector. He confirmed

that he was strong advocate for early, supported discharge into the community, and held that minimising hospital stays was in patients' best interests.

- Despite the challenging financial situation, Mr Poyner asserted that there was no alternative to identifying new ways of delivering services. He insisted that there were significant opportunities to reduce expenditure through genuine efficiencies and revised ways of working, without compromising patients' needs.
- The most effective reform to make integration work at a practical level was to remove as many boundaries between organisations as possible, as these contributed to inefficiencies and poor patient experience, in Mr Poyner's view.
- Each CCG had robust governance and oversight procedures in respect of commissioning and procurement processes. A complex set of national procedures governed medicines procurement, which was governed by national contractual arrangements. There was no scope to make savings through pooled medicines procurement at a local level.
- Notwithstanding Mr Poyner's comments, the Chair indicated his intention to write to the Secretary of State for Health on behalf of the Committee to express concerns about the savings projections required by Nottinghamshire CCGs and suggesting that 7% savings be ring-fenced as a transition fund for health and care provision.

The Chair thanked Mr Poyner for his attendance.

5. WHYBURN MEDICAL PRACTICE

Dr James Hopkinson, Clinical Lead, Greater Nottingham CCG and Stuart Newbin, NHS England, provided the Committee with an update on issues and concerns in respect of services provided at the Whyburn Medical Practice. In particular, issues around the Practice's tenancy and subsequent disputes with NHS Property Services had led to the Practice handing back the contract to the commissioners. The following points were made:

- In addition to the tenancy dispute, where significant arrears had built up, the Practice had also experienced recruitment and sickness absence difficulties. The Practice exercised its right to terminate the contract on 30 November 2018, with the contract ceasing on 31 May 2019.
- At a meeting on 12 December 2018, the Primary Care Commissioning Committee considered options to ensure continuity of service. The decision was taken to conduct a min-tender for an interim provider for 12 months, with an option for a further 12 month extension.
- This approach was seen to best ensure continuity of service for the Practice's 12,000 patients, while providing an opportunity for full consultation on a longer-term solution. The successful bidder for the interim contract was expected to be announced on 22 March 2019.

During discussions, a number of issues were raised:-

- Several members expressed frustration on behalf of residents in respect of the prolonged uncertainty surrounding the Practice's future. In particular,

members were surprised that the situation had been allowed to escalate to the extent it did, and criticised communication with patients.

- While Practice numbers had held up relatively well, there was a risk that the announcement of an interim provider could spark a migration to other practices. It was also pointed out that a great many patients registered at the practice had limited options to register at another practice.
- Drs Hopkinson and Newbin stated that the protracted tenancy issue with NHS Property Services had been resolved prior to the contract being handed back to commissioners. Nonetheless, members asked that NHS Property Services and NHS England property managers be invited to provide evidence on how the situation had escalated. This was especially important in view of there being other practices potentially in a similar situation, and there was a lack of information on how risk of a similar situation in future was being managed.
- The point was made that the relevant Patient Participation Group was not involved with nor consulted on the notice to hand back the contract. Members asked that the Group also be invited to a future meeting to understand better their involvement.

The Chair thanked Drs Hopkinson and Newbin for their attendance.

6. DEVELOPING A CLINICAL SERVICES STRATEGY FOR NOTTINGHAMSHIRE

Dr Nicole Atkinson, Nottingham West CCG Clinical Chair, Duncan Hounslow, Programme Director and Angela Cotter, provided a presentation, updating the Committee on plans to develop a Clinical Services Strategy for Nottinghamshire, highlighting the following points:

- Developing a Strategy was a key priority of the Integrated Care System (ICS), and was required to help justify and sustain long-term capital investment, and to ensure that changes across the ICS were reflected in the Strategy;
- A shift of care into community settings would not in itself make a sufficient difference to ensure sustainable healthcare delivery in Nottinghamshire. Better prevention, self-care and earlier intervention also needed to take place;
- The emerging Strategy was likely to focus on prevention and self-care, maternity and family health, urgent care, long-term conditions, planned operations and treatment and cancer care;
- Draft principles for the Strategy included the provision of care as close to home as possible, prevention and early intervention supported across health and social care, mental health and wellbeing being considered alongside physical wellbeing, strong collaboration between different elements of health and social care provision and rolling out evidence-based and best practice healthcare provision;
- Next steps included meeting and engaging with a wide range of organisations, communities and individuals to help inform the development of the Strategy.

During discussions, a number of issues were raised:-

- Dr Atkinson welcomed the suggestion to engage with the Healthy and Sustainable Places Co-ordination Group, which considered housing, planning, schooling and related matters, and would help engage with district councils;
- Dr Atkinson explained that the Strategy principles were very much 'high end' over-arching principles, and that detailed work to identify best practice and maximise consistency of approach was being undertaken by the Elective Care Team;
- There would be checks and balances in place to ensure that the Strategy would not lead to inconsistencies in the delivery of current services;
- It was confirmed that the Urgent Care Facility at Newark was a key service 'fixed planning point' location for the Strategy. However, there were no plans at present for the urgent care service at Newark to be provided on a 24-hour basis;
- It was acknowledged that there were cost implications in respect of long-term Private Finance Initiative and Local Improvement Finance Trust legacy commitments. It was therefore vital to ensure that facilities worked to their capacity to provide the best return on that investment;
- The Committee welcomed the update and requested an update in six months' time.

The Chair thanked Dr Atkinson, Mr Hounslow and Ms Cotter for their attendance.

7. NEURO-REHABILITATION WARD UPDATE

Lucy Dadge, Chief Commissioning Officer, Mansfield CCG and Keeley Sheldon, Service Manager, Nottinghamshire Healthcare Foundation Trust, accompanied by Lisa Dinsdale and Sandy Smith, provided a presentation, updating the Committee on the Chatsworth Neurological Rehabilitation Service. The following points were made:-

- The Chatsworth Neurological Service would be located in Mansfield Community Hospital and would provide an 8-bed unit solely dedicated to neurological rehabilitation. The unit would be suitable for provision of Level 3b care for those that are medically stable within their condition;
- 100% of TUPE eligible existing workforce had transferred to the Foundation Trust;
- The service would include a Community outreach element not previously in place, working on the principle of supporting patients at home to maintain function, prevent deterioration and achieve maximum health outcomes within the home setting;
- The Foundation Trust was confident that the level of service was now appropriate for the needs of the local population.

The Committee welcomed the progress made in delivering the new model, and during discussion raised the following points:-

- It was acknowledged that the Foundation Trust had only just begun running the service, but patient feedback to date had been very positive;
- While the model had a dedicated 8-bed unit, it was envisaged that the model would be sufficiently flexible to provide fewer beds and greater community-based provision;
- The Committee was satisfied that further consideration at this time was not required, but it would welcome the opportunity to visit the facility once the service had fully bedded in, and before the end of 2019.

The Chair thanked Ms Dadge, Ms Sheldon, Ms Dinsdale and Ms Smith for their attendance.

8 WORK PROGRAMME

The Committee agreed the following amendments to the work programme:-

Whyburn Medical Practice Update

Add to September 2019 meeting

Clinical Services Strategy Update

Add to September 2019 meeting

The meeting closed at 13.05pm.

CHAIRMAN